Block 1	- Contact Inform	nation		1 +1 - 1		
		10 10 10		FORMAT OF	T	was a second
ROW#	DATA ELEMENT			REQUESTED DATA	RESPONSE	
1	Carrier Study Area Code			6 numeric digits	472225	
2	Carrier Study Area Name			alpha characters	CENTURYTEL OF	IDAHO
3	Service Provider Identification Number			9 numeric digits	143002517	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	12/1/2014	
5	Contact Name			alpha characters	Kenneth W. Bucha	n
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1	3.3 L
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	2 - Residential L Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	ne Counts
9	\$ 16.75	0	\$ 0.19	0		
10	\$ 16.75	0	\$ 0.19	0		
11	\$ 17.13	0	\$ 0.19	0		
12						
13		1100				
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16	(2)					Ųč.
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Of	fficer as to the A	ccuracy of the Data Reported	for the Rate Floor Data
I certify that I am an officer of the reported; and, to the best of my knowl	edge, the information	ponsibilities include ensuring the a on reported on this form is accurate	ccuracy of the actual rate floor data
Signature of authorized officer	4	-	Date / 4/1 /// 9
Printed name of authorized officer David D.	Cole		
Title or position of authorized officer Executive Vi	ice President of Operati	ons Support and Controller	
		to the a nativity of the invariance of the training of the tra	
Telephone number of authorized officer: (318) 3	88 - 9000, ext.		